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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	TTI-001
First Named Inventor	John Baker
<b>COMPLETE IF KNOWN</b>	
Application Number	09 / 851,681
Filing Date	May 8, 2001
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**APPARATUS AND SYSTEM TO PROVIDE WIRELESS DATA SERVICES THROUGH A WIRELESS ACCESS INTEGRATED NODE**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) **05/08/2001** as United States Application Number or PCT International

Application Number **09/851,681** and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/203,421	05/10/2000	

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)			
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number <b>003897</b> → <input type="checkbox"/> Place Customer Number Bar Code Label here <b>OR</b> <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below					
Name	Registration Number	Name	Registration Number		
Thomas Schneck Mark Protsik John P. McGuire, Jr.	24,518 31,788 41,984	David M. Schneck Gina McCarthy	43,094 42,986		
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.					
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <b>003897</b>		<input type="checkbox"/> OR <input checked="" type="checkbox"/> Correspondence address below			
Name	Thomas Schneck				
Address	P.O. Box 2-E				
Address					
City	San Jose	State	CA	ZIP	95109-0005
Country	USA	Telephone	408/297-9733		Fax 408/297-9748
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle if any)			Family Name or Surname		
John			Baker		
Inventor's Signature	<i>J. Baker</i>				Date <b>5-29-01</b>
Residence: City	Southlake	State	TX	Country	U.S.A.
Post Office Address	1690 Bent Creek Drive				
Post Office Address					
City	Southlake	State	TX	ZIP	76092
					Country U.S.A.
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>2</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto					



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PTO/SB/02A (3-97)

## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
David K.		Hui						
Inventor's Signature	<i>David Hui</i>						Date	<u>May 29, 01</u>
Residence: City	Fremont	State	CA	Country	U.S.A.	Citizenship	Canada	
Post Office Address	4166 Sora Common							
Post Office Address								
City	Fremont	State	CA	ZIP	94555	Country	U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Martin W.		Greenwood						
Inventor's Signature	<i>Martin W.</i>						Date	<u>May 30, 01</u>
Residence: City	Bedford	State		Country	U.K.	Citizenship	U.K.	
Post Office Address	12 Bushmead Avenue							
Post Office Address								
City	Bedford	State		ZIP	MK40 3QL	Country	U.K.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Antti		Linden						
Inventor's Signature	<i>Antti Linden</i>						Date	<u>5/30/01</u>
Residence: City	Colleyville	State	TX	Country	U.S.A.	Citizenship	Finland	
Post Office Address	6603 Atlanta Drive							
Post Office Address								
City	Colleyville	State	TX	ZIP	76034	Country	U.S.A.	

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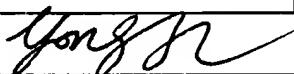
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## DECLARATION

## ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Yong		Zhou					
Inventor's Signature							Date
Residence: City	San Jose	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	1236 Montcourse Lane						
Post Office Address							
City	San Jose	State	CA	ZIP	95131	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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